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	PLACE OF BIRTH	ARIZONA STATE BOARD	OF HEALTH	
<u>.</u>		BUREAU OF VITAL STATISTICS	State Index No. 12	
9		RIGINAL CERTIFICATE OF BIRTH	Co. Registrar No	
i	Town of	•	Local Registrar No	
•	or mann		StWard)	
Ĕ	City of (If birth occu	No. urred in a hospital or Institution, give its NAI	ME instead of street and number)	
ة ا	2. Full name of child Oscar &	pryntez	I If child is not yet named, make i supplemental report, as directed	
URN must stated.	3. Sex of To be answered 4. Twin, triple child ONLY in event of plural births. 5. No., in order	r of birth		
birth, a SEPARATE RETURN f each, in order of birth, stated	8. Full lange fartyn	14. Full maiden name	moher	
	9. Residence (Usual place of abode) If nonresident, give place and State	15. Residence (Usual place of abode) If nonresident, give place	and State wy	
	10. Color or race Muf., 11. Age at last birthday		Age at last birthday (Years)	
o pi	12. Birthplace (city or place)	18. Birthplace (city or place) (State or country)	myco	
å t	(State or country)	19. Occupation	1 21	
child num	13. Occupation June	Nature of Industry		
0 _	Nature of Industry	gui		
an one	III fel tilled mid moranis	rn alive and now living (b) Born alive but		
tha	CERTIFICATE OF	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		
1 hereby certify that I attended the birth of this child, who wasat				
case of	etc., should make this return. A stillborn	nature (Physician or	Jones The Control of	
Ę	Given name added from Chy, 36 193			
l aoi⊪	a supplemental report (Month, day, year)	15-15-	Cocal Registrar.	
ż	679-406-641 Registrar.	Filed 19.2.4	County Registrar.	